

FILED DEC 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH449883  
STATE FILE NUMBER

Registration District No. 179

Primary Registration District No. 4287

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Troy</b>		c. CITY OR TOWN <b>Silex</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Lincoln County Hosp.</b>		d. STREET ADDRESS <b>RFD # 2</b>	
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>JOHN</b> Last <b>HURT</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>27</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 18 1879</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	
13a. FATHER'S NAME <b>Joseph Hurt</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara Kosmos</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT <b>Agnes Hurt</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MASSIVE CEREBRAL HEMORRHAGE</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>HYPERTENSIVE VASCULAR DISEASE</b> DUE TO (c) <b>ARTERIOSCLEROTIC VASCULAR DISEASE</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331X</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 DAYS</b> <b>UNK</b> <b>UNIK</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>12</b> Month <b>NOV</b> Day <b>27</b> a.m. <b>NOON</b> p.m.		20f. CITY, TOWN, OR LOCATION <b>Troy, Mo.</b>	
21. I attended the deceased from <b>OCT. 1957</b> to <b>NOV. 1957</b> and last saw him alive on <b>NOV. 27, 1957</b> . Death occurred at <b>12 NOON</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>12/4/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Nov 30 1957</b>	
24. FUNERAL DIRECTOR <b>J.O. Mudd</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 20 1957</b>	
26. REGISTRAR'S SIGNATURE <b>Will E. Schoenhein</b>		27. LOCATION (City, town, or county) <b>Millwood Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

VS OCT 18 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James C. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Green

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.